

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION                  | INITIALS | ID NO. | DATE    |
|---------------------------|----------|--------|---------|
| FEE DETERMINATION         |          |        |         |
| O.I.P.E. CLASSIFIER       |          | 20     | 4/26    |
| FORMALITY REVIEW          | Tit      | 953    | 05-08-d |
| RESPONSE FORMALITY REVIEW | gm       | 657    | 7/20/01 |

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)..... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

| Claim    | Date    |
|----------|---------|
| Final    |         |
| Original | 4/26/01 |
| 1        | ✓       |
| 2        | ✓       |
| 3        | ✓       |
| 4        | ✓       |
| 5        | ✓       |
| 6        | ✓       |
| 7        | ✓       |
| 8        | ✓       |
| 9        | ✓       |
| 10       | ✓       |
| 11       | ✓       |
| 12       | ✓       |
| 13       | ✓       |
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| 15       | ✓       |
| 16       | ✓       |
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| 19       | ✓       |
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| 33       | ✓       |
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| 37       | ✓       |
| 38       | ✓       |
| 39       | ✓       |
| 40       | ✓       |
| 41       | ✓       |
| 42       | ✓       |
| 43       | ✓       |
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| 47       | ✓       |
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| Claim    | Date |
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| Final    |      |
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| Claim    | Date |
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| Final    |      |
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If more than 150 claims or 10 actions  
staple additional sheet here

(LEFT INSIDE)

C.C.  
 4/26/01  
 4/26/01  
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